## STATE OF ARKANSAS Office of the Governor

## OFFICE OF CORRESPONDENCE

500 Woodlane Street, Suite 122 Little Rock, Arkansas 72201 Phone: (501) 683-6428 correspondence@governor.arkansas.gov https://governor.arkansas.gov

## **MEMORANDUM**

TO:	Governor's Office		
FROM:			
DATE:			
SUBJECT:	T: Retirement Letter Request		
<ul><li>Emplo</li><li>Emplo</li><li>Emplo</li></ul>	oyee's Name: oyee's Preferred Na oyee's Official Title		
• Emplo	oyee's home addre		nployment history:
• Date of	oyee's Dates of Se of retirement: worthy circumstance	vice: es or accomplishments:	
Select one:	Letter	for pick up by messenger mail by US Mail	
Agency/Institu	ution Contact Name	/Title:	
Contact teleph	none/address infor	nation per letter transmittal selection above:	
Request MUS	ST be submitted to	he Governor's Office at least two weeks prior to th	he date of retirement.
Agency/Institu	ution Director/Presid	dent/Chancellor/Designee Signature	 Date